

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 20 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1573

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township East Primary Registration District No. 1002
City Kansas City (No. 2204, E-73rd)

File No. _____
Registered No. 427
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 12 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.
(If nonresident, give city or town and State) Wetumka Okla

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Stella M. Schnebelen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-10-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 1 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) 3 wks ago 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

13. NAME Paul Schnebelen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

15. MAIDEN NAME Katherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Clifford F. Schnebelen
2204 E-73rd

18. BURIAL, CREMATION, OR REMOVAL PLACE TOLEDO, OHIO DATE JAN-28-1936

19. UNDERTAKER (ADDRESS) Gluyewer's Sons
Kansas City Mo

20. FILED 1-27-36 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-27-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 27, 1936
I last saw him alive on Jan 26, 1936 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Arterio-Sclerosis
Grainey

Date of onset _____

Other contributory causes of importance:

Terminal Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Geo. Jones, M.D., M. D.
(Address) 80 E. 73rd

80th + price

2 - 530 per